Annual Report
1990 - 1991

Whitespruce Youth Treatment Centre

92-06272/

WHITESPRUCE YOUTH TREATMENT CENTRE

Table of Contents

Letters of Transmittal 2

Chairman's Message 4

Executive Director's Message 6

Statistics 9

Auditor's Report 27

Financial Statements 28

Notes to the Financial Statement 31

Minister of Health

SASKATCHEWAN

Legislative Building
Regina, Saskatchewan S4S 0B3

To the Honourable Sylvia Fedoruk
Lieutenant Governor of Saskatchewan

May It Please Your Honour:

It is my pleasure to present herewith the Annual Report of the Board of Governors, Whitespruce Youth Treatment Centre, for the year ended March 31, 1991.

Respectfully submitted,

Louise Simard
Minister of Health

Whitespruce
Youth Treatment Centre

P.O. Box 1411, YORKTON, SASKATCHEWAN S3N 3G3 Telephone (306) 786-6225

To the Honourable Louise Simard

Minister of Health

Dear Ms. Simard:

It is my honour to present, on behalf of the Board of Governors of the Whitespruce Youth Treatment Centre, the Annual Report and audited financial statements for the fiscal year ended March 31, 1991.

Respectfully submitted,

Gordon G. Currie
Chairman

CHOOSE A RESPONSIBLE DIRECTION

CHAIRMAN'S MESSAGE

Over the past four years Whitespruce has been successful in designing and launching an excellent and respected service for young people who are experiencing chemical dependency problems. In that time our centre has attained truly national stature in the quality and scope of our services -- and this in a field which is acquiring a new priority in all of Canadian society.

Recently the Board has been looking towards the future by designing a long-term strategy which will build on the achievement already made. To date the centre has provided care and treatment to over 550 youth and their families across Canada, and we now feel sufficiently confident to expand our programming to service areas of specific need.

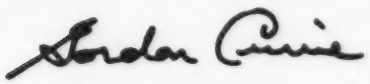
The most recent initiative has been a comprehensive solvent abuse treatment program for youth between the ages of 12 and 18. The program has both short-term and intensive treatment components aimed at dealing with youth experiencing various degrees of solvent abuse. This places special emphasis on reaching disadvantaged youth, inhalant abusing youth and vulnerable youth who have only recently begun to use/abuse solvents. The program will address culturally sensitive and culturally responsive areas.

In addition, looking towards the future, we feel that much more can and should be done at Whitespruce. Besides being a significant component in the Saskatchewan alcohol/drug programs, extended programming is envisaged for the Centre in its future role. For the first time in our province, or in Canada, we have the opportunity to provide a consistent, controlled delivery of a treatment program for youth. This provides a fertile environment for research, experimentation and innovation. As Athens was referred to as a "Social Laboratory", Whitespruce can be a Human Service Working Laboratory - providing an environment for researching and for contributing to a pool of knowledge about chemical dependency among youth and their families.

Also, there is a need in Saskatchewan and across Canada for qualified people to work in the field of addiction. With innovation, we will have facilities and staff to accommodate "on-the-job" training, refresher programs, public education and

awareness seminars and workshops, summer school programs; all of which can be harmonized with Institutes of Higher Education - universities, colleges and other training centres.

The Board wishes to commend the management and staff of Whitespruce for their success in developing a highly professional "state-of-the-art" program to assist addicted young people and their families desperately in need of help. We feel confident that our competent staff are equally capable of improving and expanding services as the future dictates.



Gordon Currie
Chairman of the Board
Whitespruce Youth Treatment Centre

EXECUTIVE DIRECTOR'S MESSAGE

In the past 20 years, society has witnessed various consequences of adolescent drug use, abuse and addiction. During this period of time, health care-givers have observed several significant changes in drug use trends and the factors that influence why our children use drugs in the first place. In determining the means of effective prevention programs, it is important to examine the realities of the interface between our children and the alcohol and other drugs which are destroying so many lives.

In a recent conference that I attended I was confronted with the proposition that the current drug crisis was just a phase that this society would endure as we have others. I have many reservations about that viewpoint. Never in our history have we had such extremely addictive drugs as cocaine and marijuana widely available to our youth. It is not uncommon to work with children who started using alcohol and drugs at ages eight to 10 years. The average age of first use of alcohol and other drugs is falling and by the time they are seniors in high school, 90% have at least tried drugs.

The younger a person is when they start using, the more devastating are the effects. Adolescents become addicted much more quickly than adults. Certainly we should all be extremely concerned about the obvious connections between drug and alcohol abuse, teenage pregnancy, criminal activity, and susceptibility to sexually transmitted diseases including AIDS.

Aside from increased availability and lowered costs of the drugs our children are using, we as a society are experiencing a national tragedy in terms of the quality of parenting and role modelling behaviour. A recent poll 150 seventh graders in Calgary about what they wanted to be when they grew up, identified that over half wanted to be in the sports and entertainment fields. Certainly we are dealing with role models from professions with high risk for alcohol and other drugs.

The parents of today were the children of the 60's and 70's which was a period of heavy drug use in our culture. Many of these parents have continued to use drugs in their family systems. No one is more important to a child than his parents, and parental attitudes towards alcohol and other drug use must be changed.

Recently there has been a lot of publicity about the "Just Say No" drug prevention program. Currently we have political, sports, and

entertainment personalities delivering anti-drug messages to our children. Some of the most effective of these are televised by the National Basketball Association.

The positive aspects of this type of drug prevention effort are several. First, hopefully it will offset at least some of the pro-alcohol and other drug advertising and programming currently on television. Additionally, as role models are important, it is certainly helpful for sports and entertainment figures to make positive statements against alcohol and other drug use.

The danger of this type of prevention effort is that it is tremendously simplistic and seems to imply that will-power is all that is needed to stay off drugs. Another danger of this type of presentation is it seems to target only our youth and implies that they should be able to demonstrate adult decision-making ability. To be effective our prevention efforts must go far beyond "Just Say No".

The ability of young people to obtain drugs is more susceptible to monetary constraints than adult usage. While we are increasing prevention efforts we must continue to substantially finance law enforcement campaigns against alcohol and other drug suppliers to our children. These campaigns serve to drive the drug costs up, and hopefully, keep the drugs from becoming even more widely available to even younger children.

We need comprehensive drug and sex education programs starting in our elementary schools and continuing through high school. It is imperative that we provide this education to our children before they are confronted with the peer pressure to use drugs and drink, which they surely encounter by middle school.

The churches as well as public and private schools must take a leadership role in this area. Today's parents are increasingly abdicating their parenting responsibilities to institutions. The institutions, for the most part, are not organized to provide this surrogate parenting and large numbers of our children are growing up with no effective parenting. The combination of lack of drug and alcohol education and ineffective parenting is directly related to the current increasing problems with drugs, sex, and criminal activity.

Current research and clinical evidence clearly demonstrate that the only sane position statement for both parents and society is that no alcohol and other drug use is acceptable for children and adolescents. We have a responsibility to our children to protect and guide them. Those parents who advocate drinking and drugging among adolescents generally do so as an expression of their own alcohol and other drug use patterns.

In addition to societal and educational initiatives, it would be very helpful for legislatures to continue providing coverage for both inpatient and outpatient treatment for chemical dependency and

associated mental illnesses. We need to provide much more care to adolescents with chemical dependency problems. As a nation we can either pay the treatment and habilitation of our youth and their families now, or we will just as surely pay for the consequences of our inaction in the future.

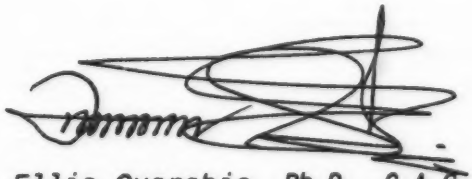
Whitespruce's main philosophical tenet of treatment for chemically dependent youth is the recognition of chemical dependency as a disease which is primary, progressive, chronic and fatal in nature. As a disease, chemical dependency affects each individual physiologically and psychologically. Whitespruce addresses these issues by providing a complete process for recovery in which the physical, emotional, spiritual, and intellectual needs of each individual are met.

Our treatment process for the youth and his/her family is a continuum of self-growth and development. The provision for aftercare services is seen as an integral part and extension of the treatment process rather than isolated event after primary treatment.

We strongly believe in effective continuity of care among components of our program and between the referring program and other programs, agencies, and individuals involved in caring for and supporting the client and his/her family.

When a youth uses psychoactive chemicals during his/her development years, the emotional system is not required to work and develop in accordance with his/her appropriate age level. Therefore, the youth does not experience interpersonal relationships and learn from personal experience in a successful, meaningful way. Consequently, the youth has diminished maturity and acts younger than his/her chronogical age. Services for Whitespruce youth is unique, and more "habilitative" than "rehabilitative" in focus in that these youth need to learn coping and problem solving skills and need to re-enter the maturational and learning process which has been arrested through the dependence. Our multidisciplinary team recognizes that the promotion of motivation is an essential component of youth treatment regimen.

I am greatly indebted to the staff and members of the Board for their support in the past year.



Ellis Quarshie, Ph.D., C.A.C.
Executive Director
Whitespruce Youth Treatment Centre

WHITESPRUCE YOUTH TREATMENT CENTRE

CASELOAD APRIL 1, 1990 - MARCH 31, 1991

TYPE OF SERVICE	
Youth Clients	219
Family Clients	94
Assessment Only	57

TYPE OF PROBLEM	
Alcohol	217
Sedatives	60
Stimulants	70
Hallucinogens	114
Opiates	27
Cannabis	178
Inhalants	42
Cocaine	49
Other (Rx. Drugs and Cigarettes)	192

REFERRAL SOURCE	
SADAC	51
Young Offenders	2
Social Agency	10
Family	43
SADAC (Funded Agency)	18
Self	21
School	14
Physician	3
Other Tx. Centre (Out of Province)	54
Other	3
TOTAL:	219

SEX OF CLIENTS	
Male	111
Female	108
TOTAL:	219

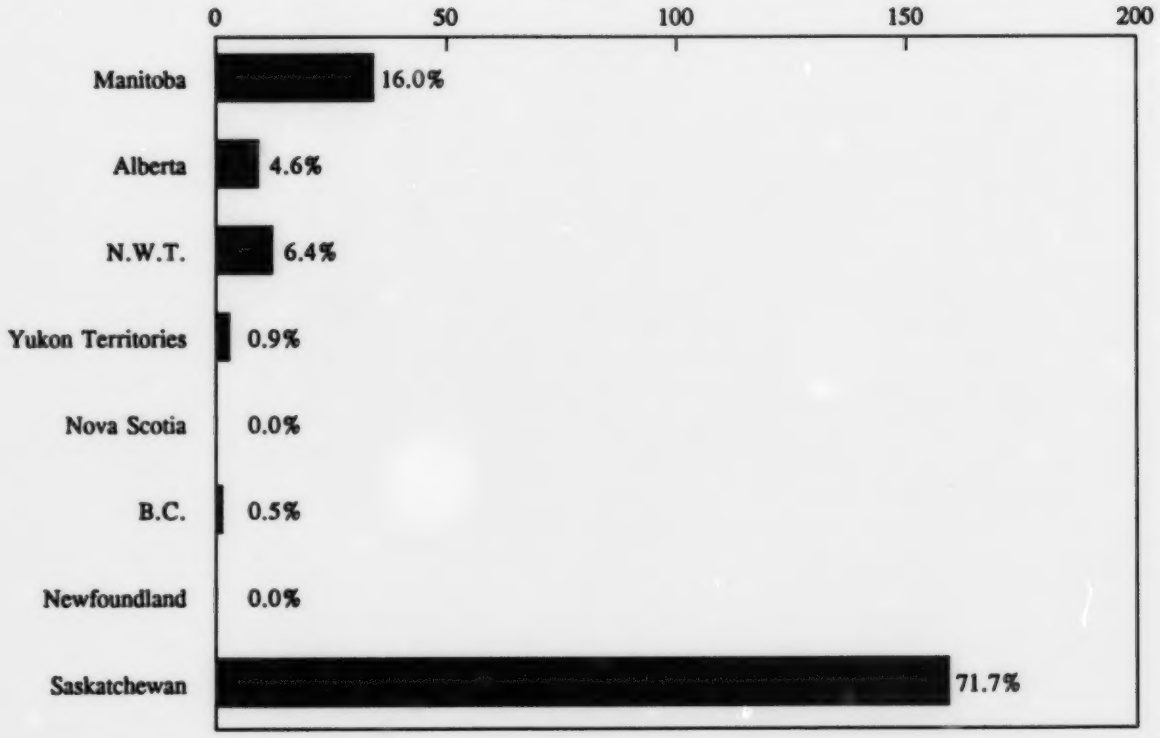
ETHNIC BACKGROUND	
Status Indian	38
Non Status	7
Metis	12
Non Native	162

FAMILY INCOME	
$20,000 & Less	42
20,000 - 29,999	27
30,000 - 39,999	48
40,000 - 49,999	29
50,000 - 59,999	44
Unknown	29

WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Territorial



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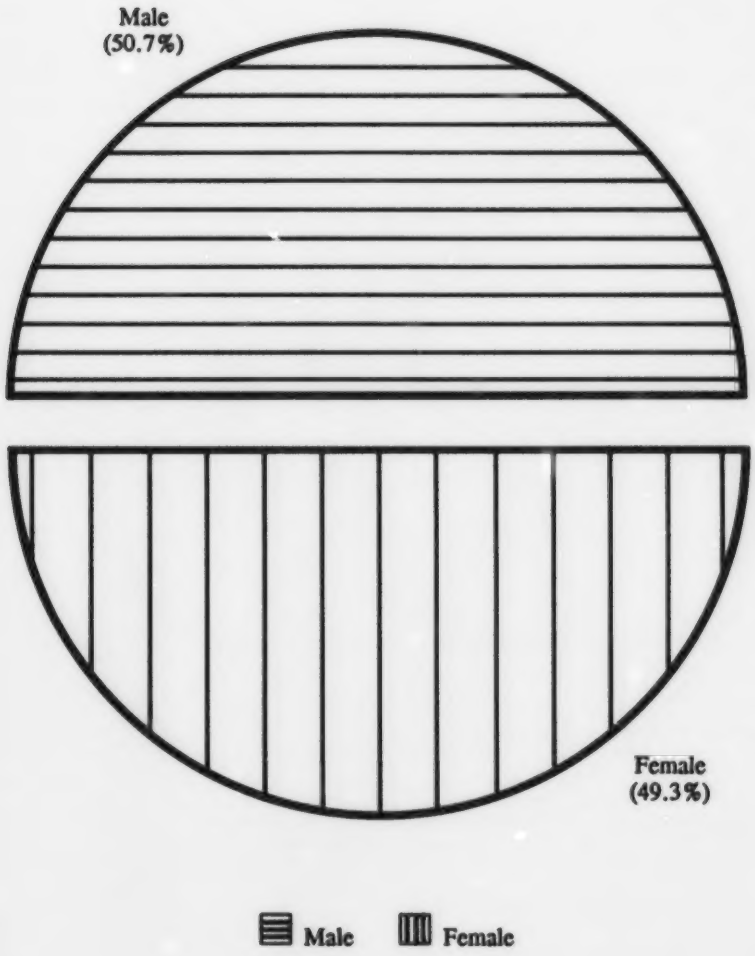
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Male vs. Female



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WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

	Number	Percentage
Male	111	50.7
Female	108	49.3
Total	219	
13 & Under	25	11.4
14	22	10.0
15	57	26.0
16	54	24.7
17	40	18.3
18	20	9.1
19	1	0.5
Average Age	15.6	

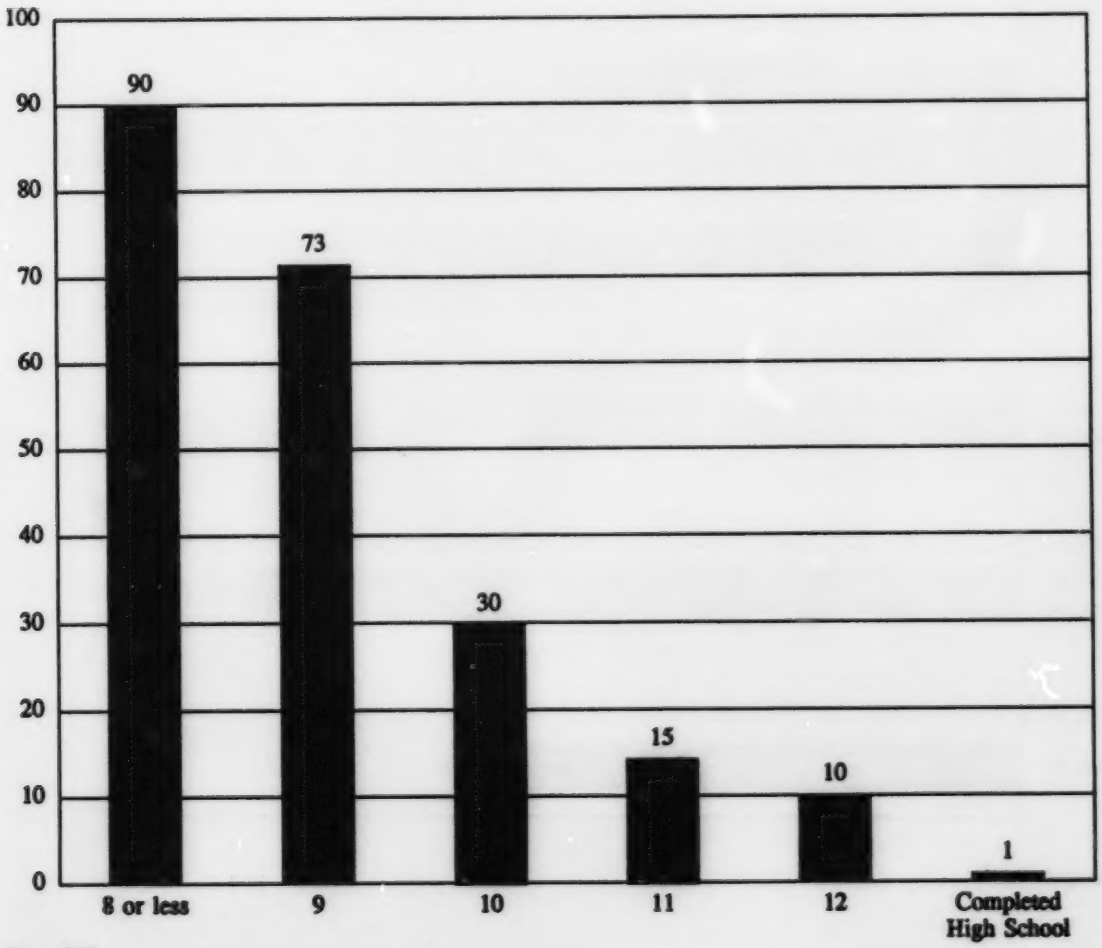
Age Distribution

WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

In School	185	84.5
Not in School	34	15.5
Highest Grade Attained		
8 or Less	90	41.1
9	73	33.3
10	30	13.7
11	15	6.8
12	10	4.6
Completed High School	1	0.5

Highest Grade Attained



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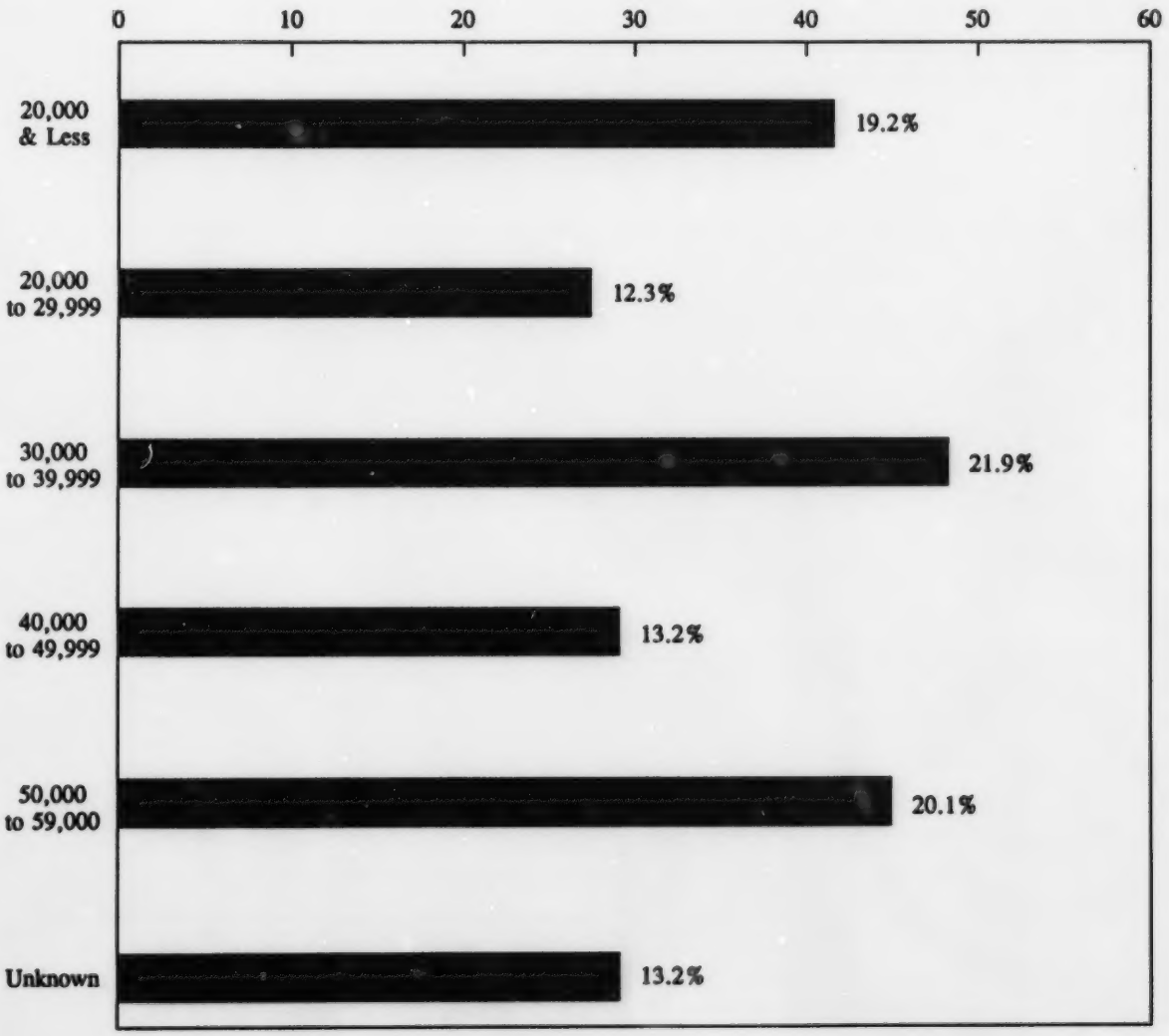
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Family Income



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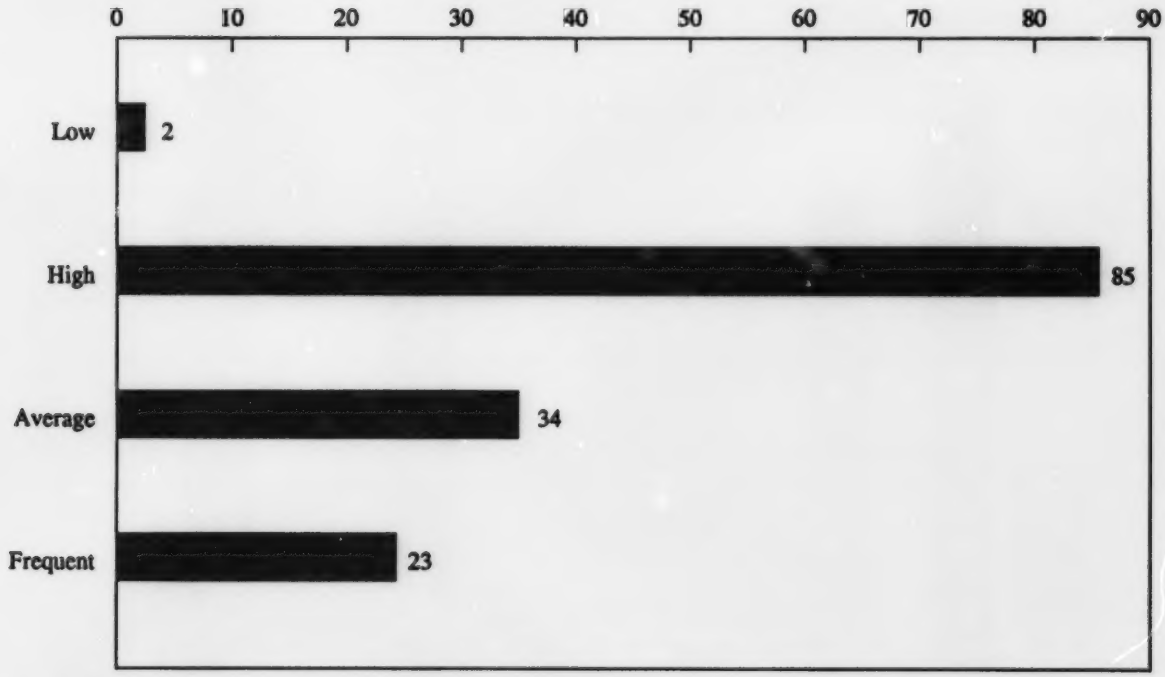
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Clients Daily Length Of Stay In Treatment



(Low to High 2 - 85, Average - 34, Frequent - 23)
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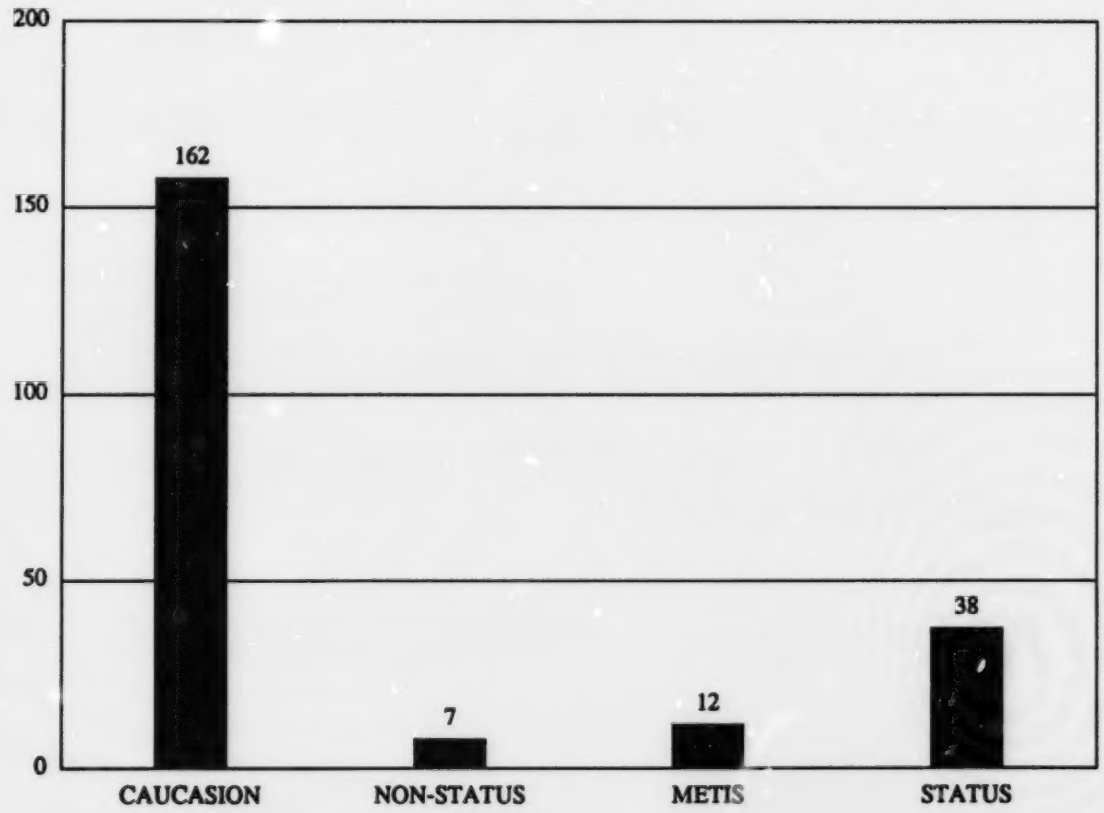
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Ethnic Origin



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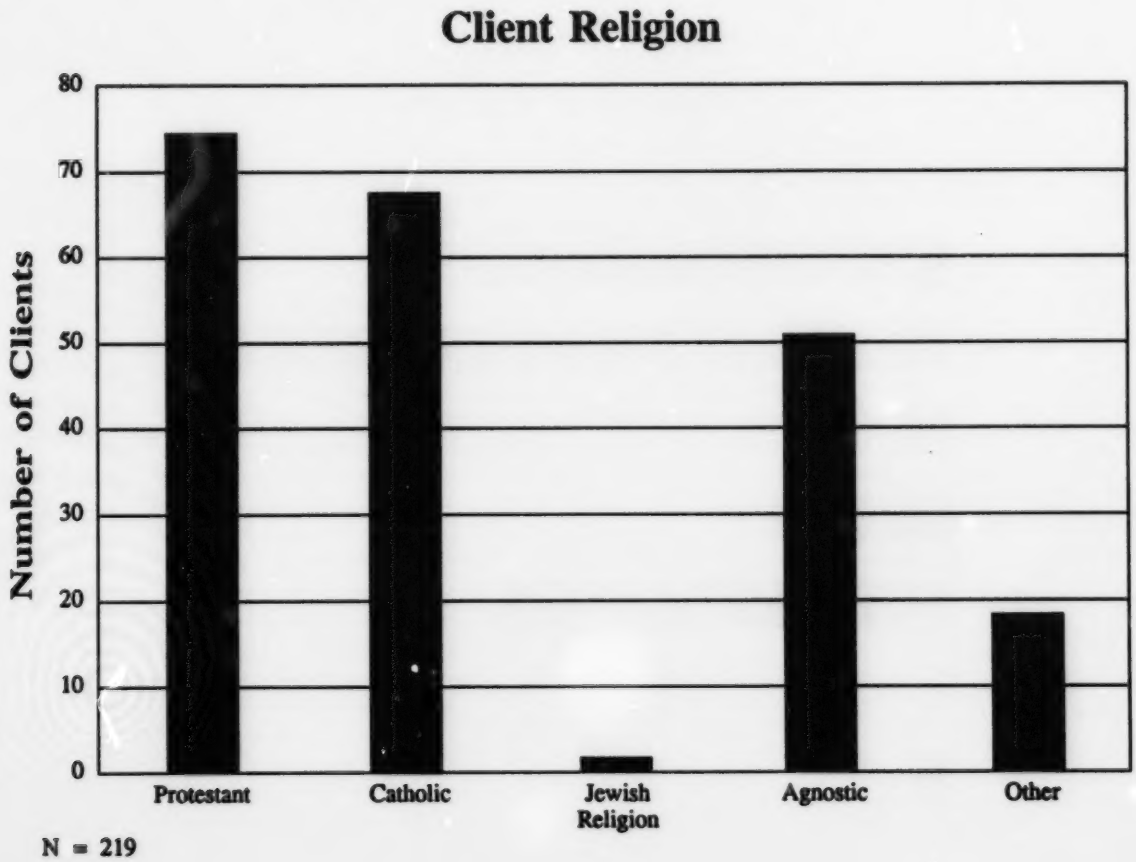
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991



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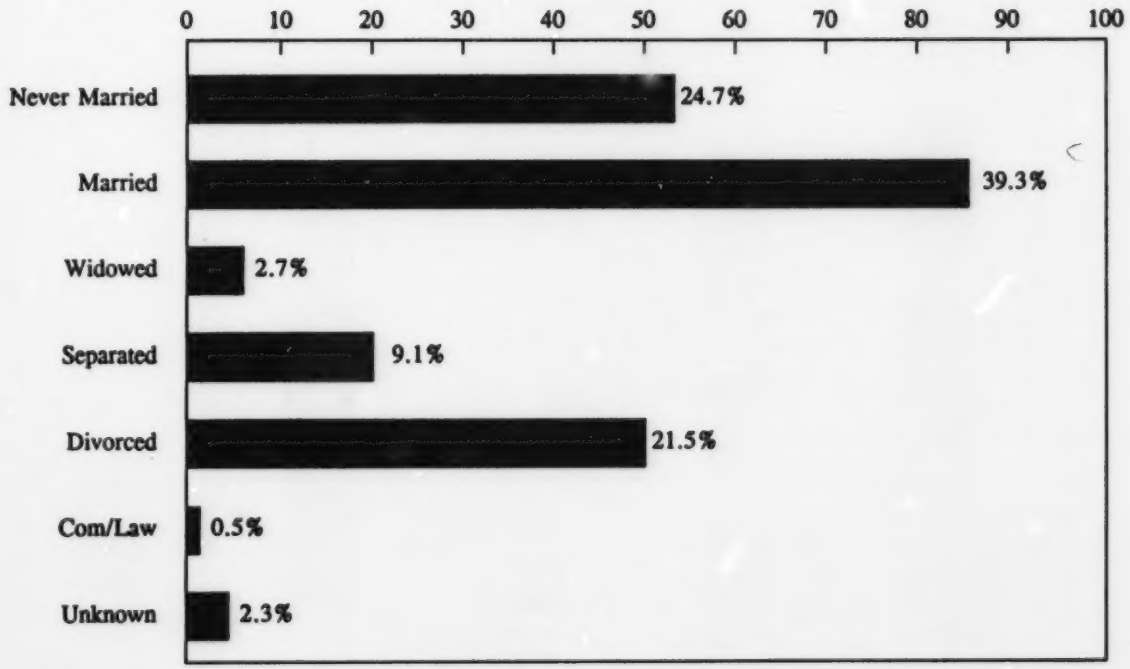
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Marital Status of Biological Parents



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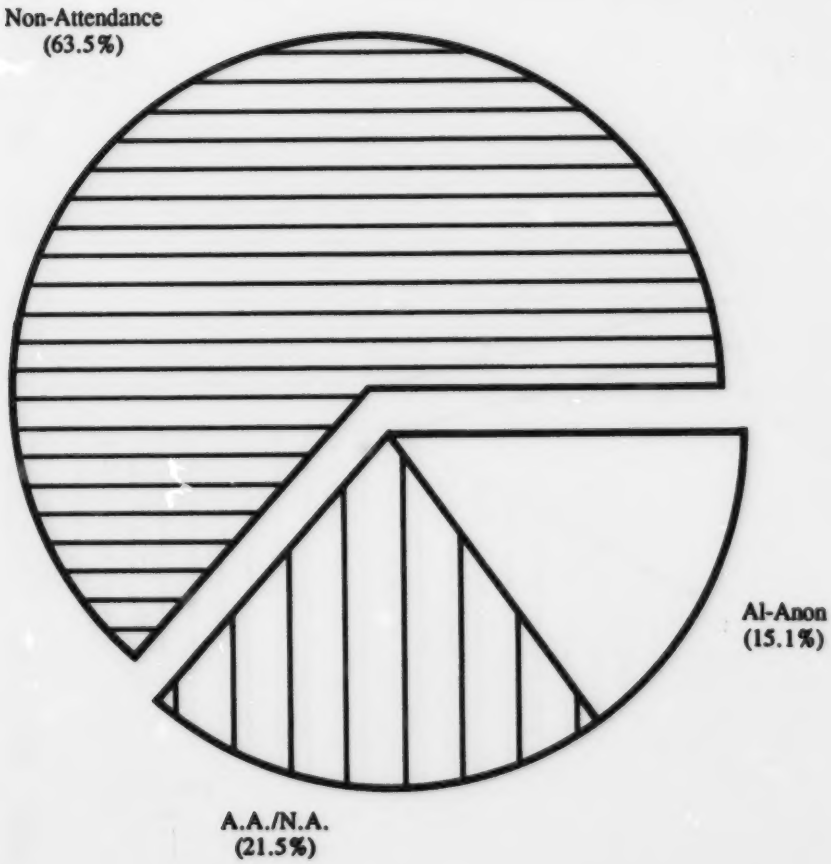
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Biological Parents Attending Support Groups



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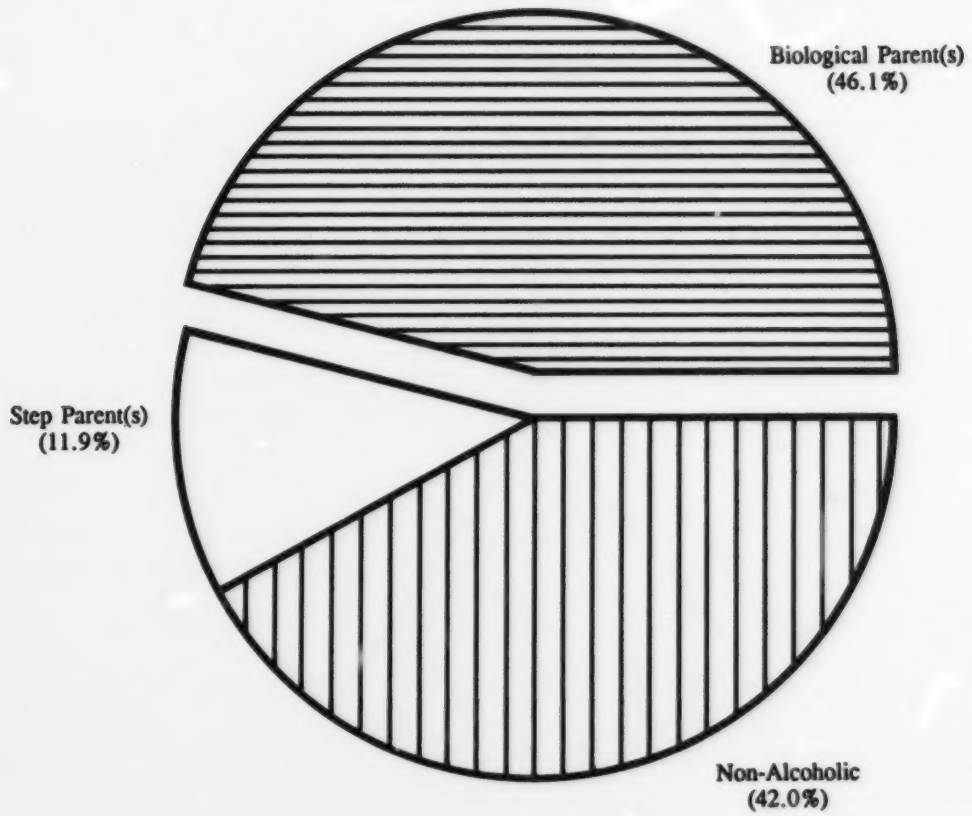
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Parents In Home With Current Alcohol Or Drug Problem



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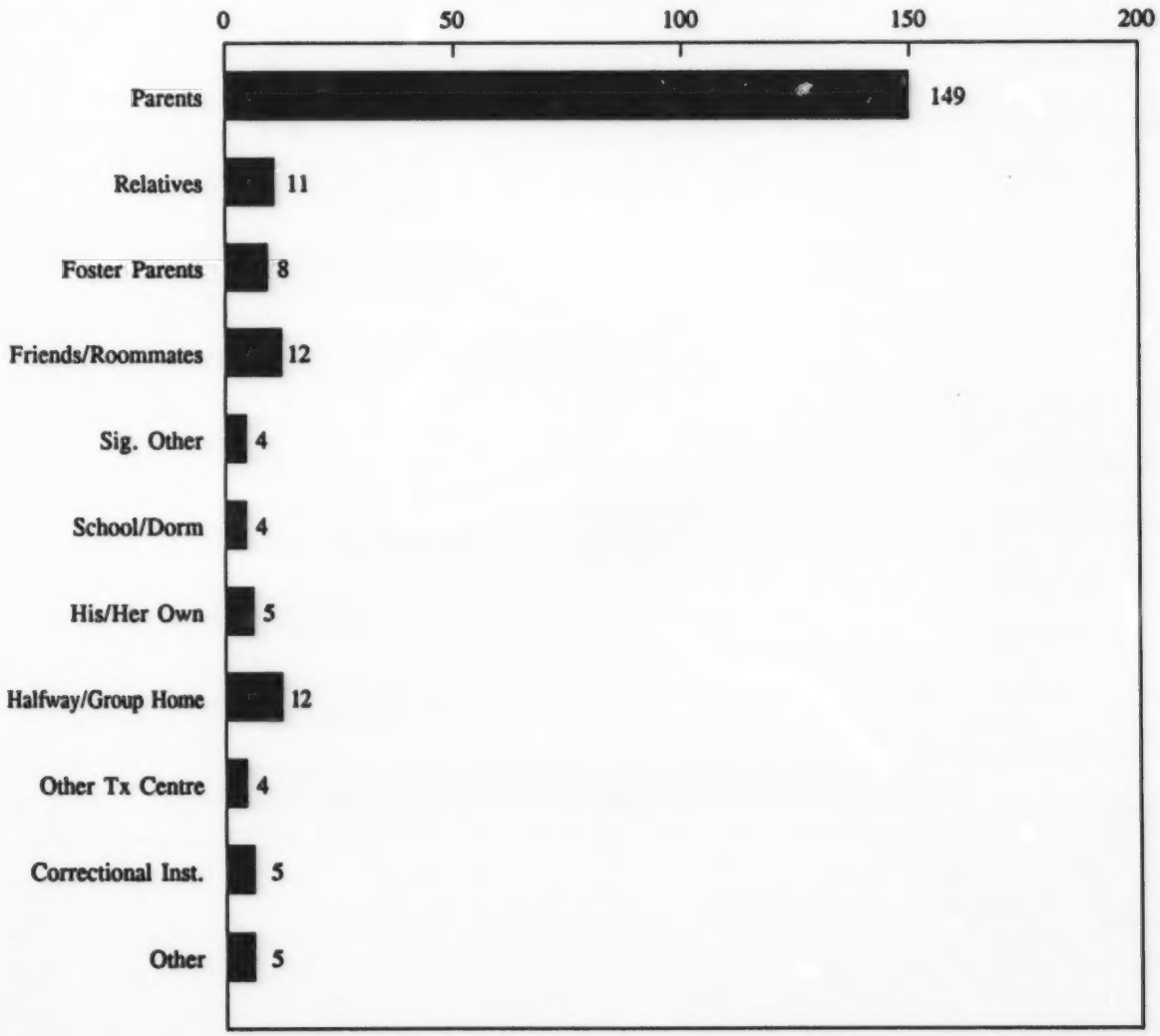
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Living Arrangements Prior To Treatment



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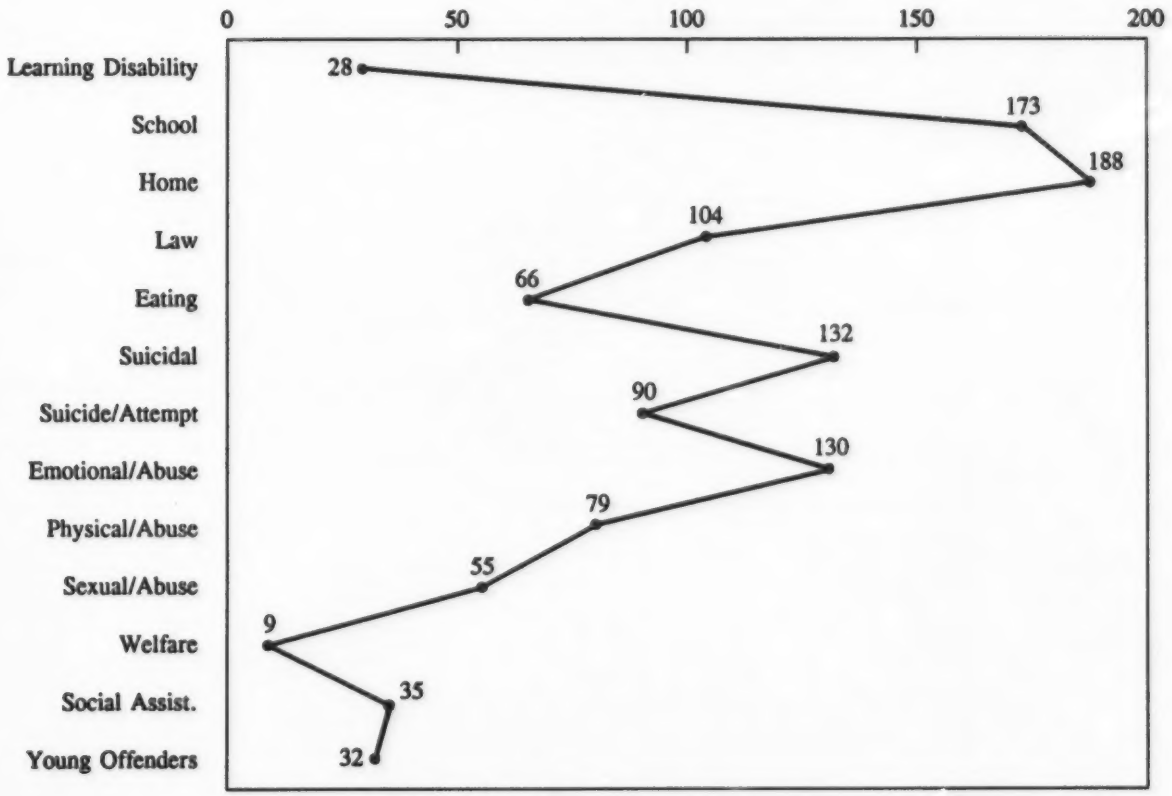
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Behavioral Problems Prior To Treatment



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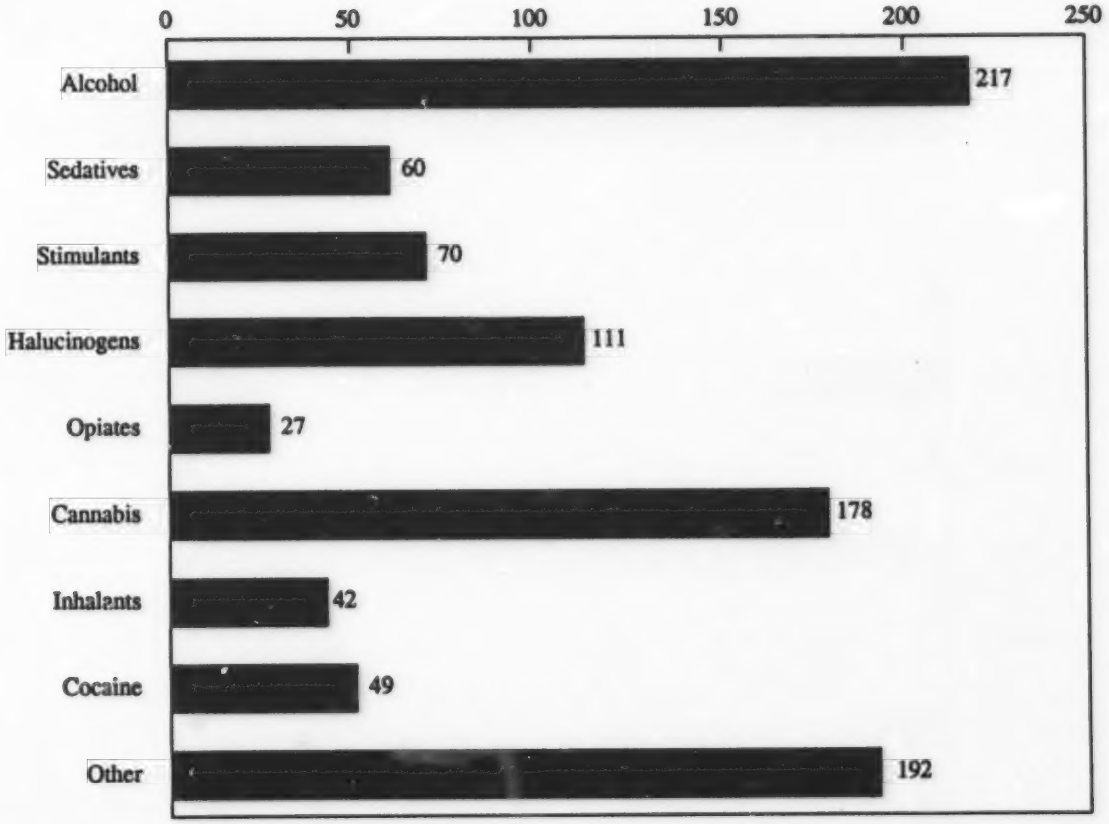
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Chemicals Used



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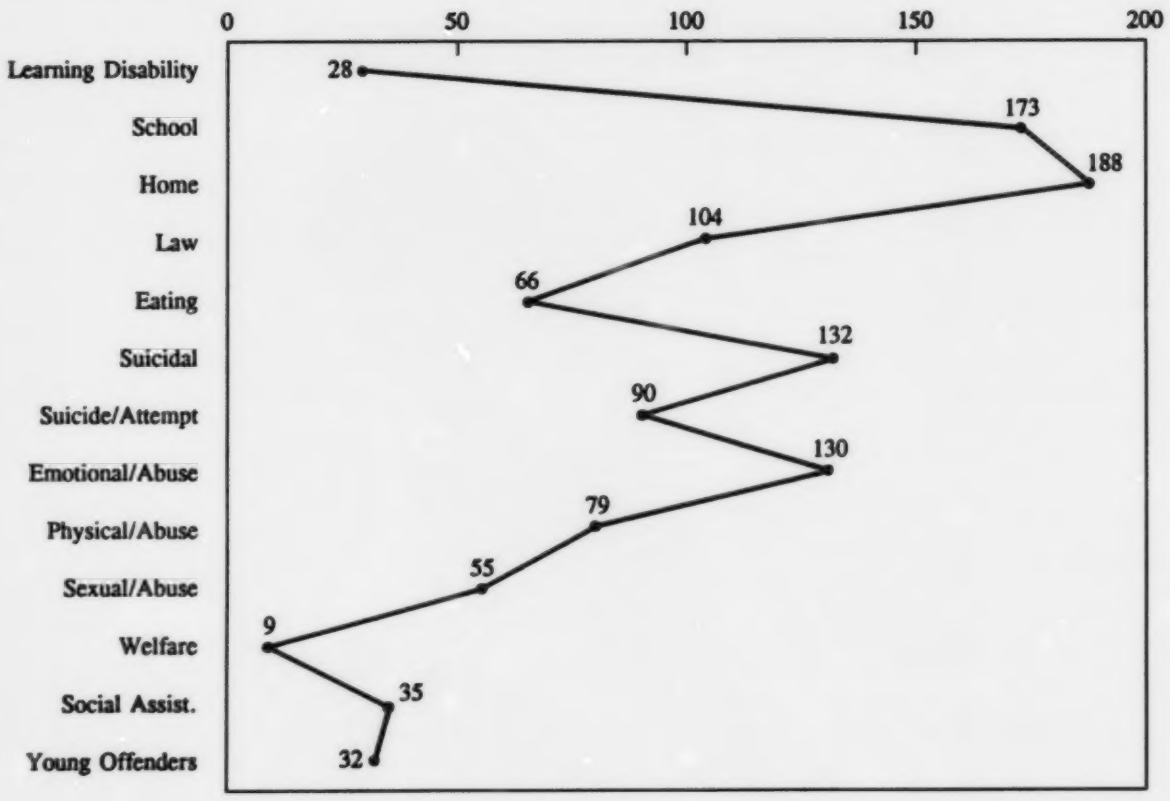
Behavioral Problems Prior To Treatment



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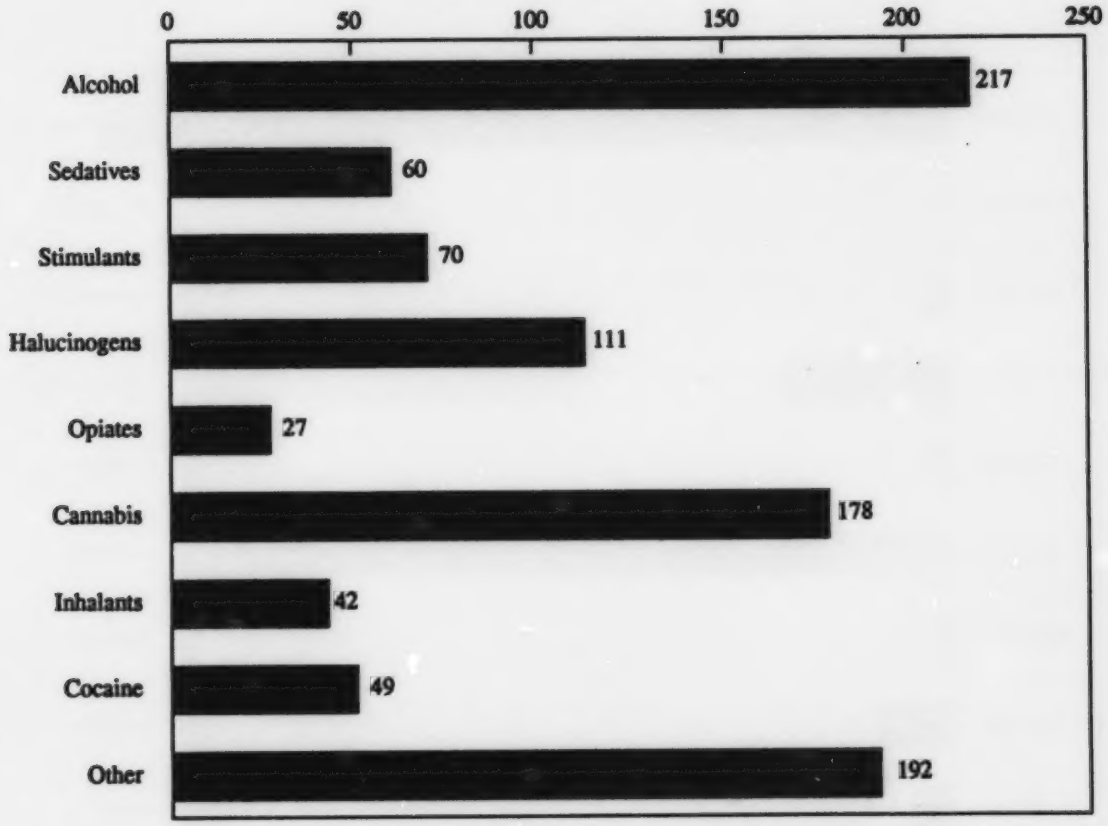
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Chemicals Used



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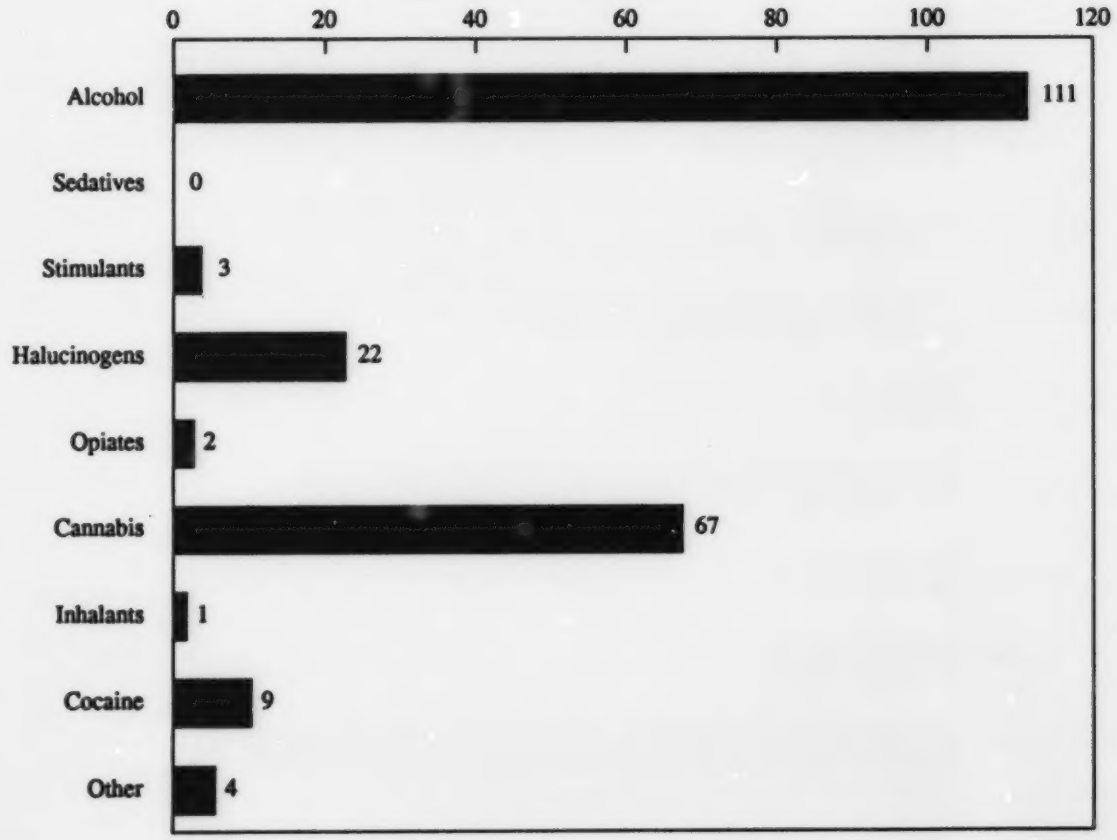
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Chemical of Choice



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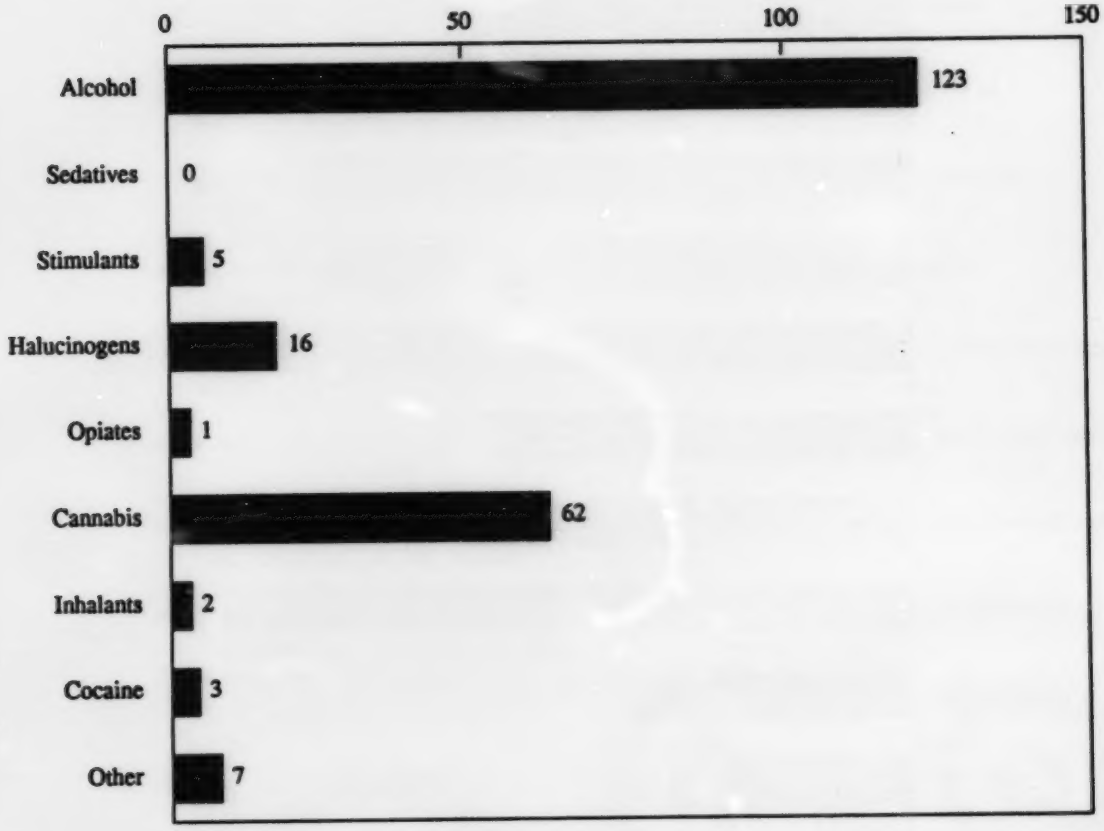
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Problem Chemical



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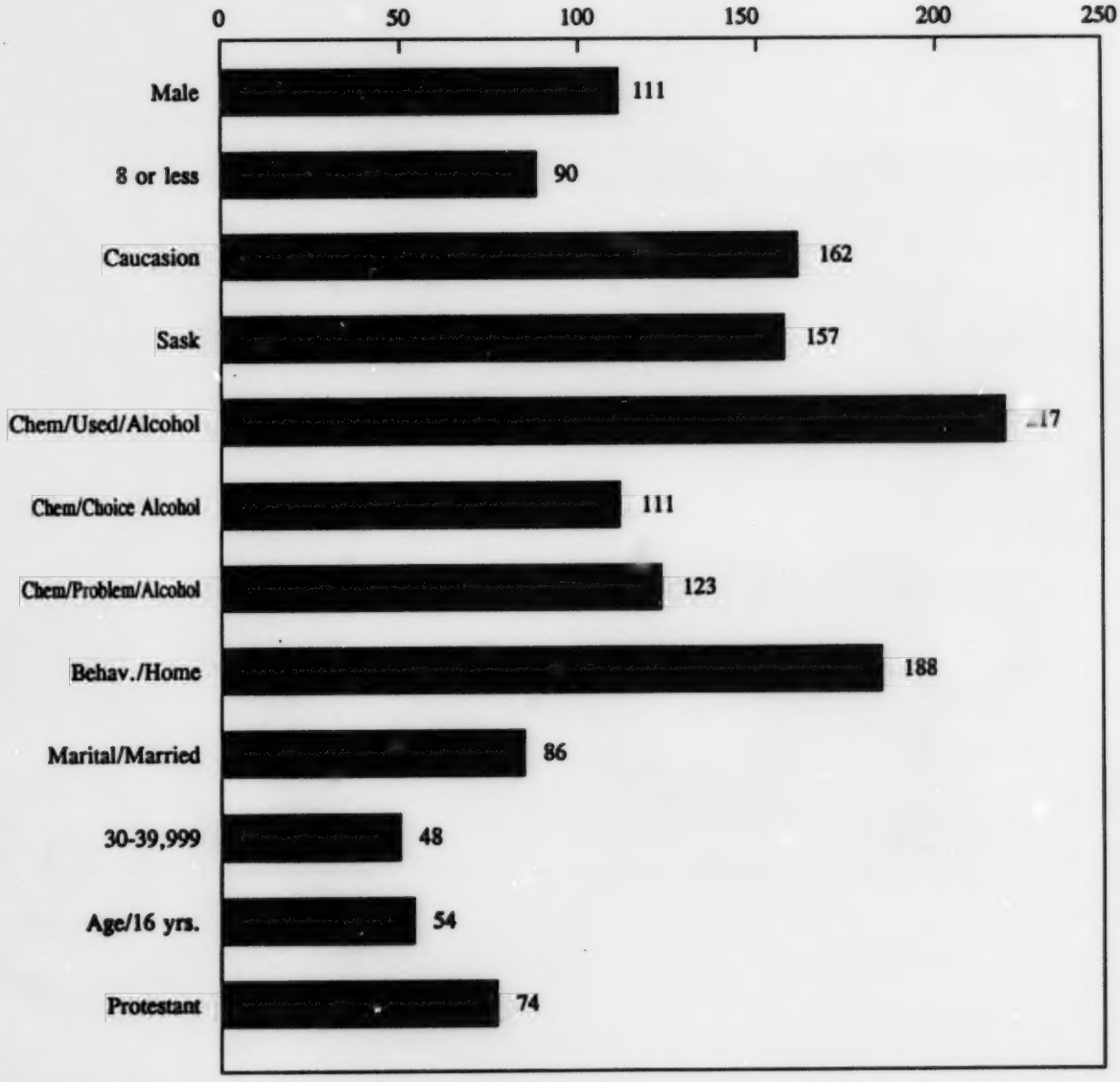
WHITESPRUCE YOUTH TREATMENT CENTRE

STATISTICAL REPORT
APRIL 1, 1990 - MARCH 31, 1991

Highest Average Of Overall Evaluated Summary



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AUDITOR'S REPORT

To the Members of the Legislative Assembly
of Saskatchewan

I have audited the balance sheet of the Whitespruce Youth Treatment Centre as at March 31, 1991 and the statement of revenue, expenditure and operating surplus and changes in financial position for the year then ended. These financial statements are the responsibility of the Centre's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Centre as at March 31, 1991 and the results of its operations and the changes in its financial position for the year then ended in accordance with the accounting principles disclosed in Note 2 to the financial statements.

W. K. Strelioff

Regina, Saskatchewan
May 30, 1991

W. K. Strelioff, C.A.
Provincial Auditor

Statement 1

WHITESPRUCE YOUTH TREATMENT CENTRE

BALANCE SHEET

As at March 31

	1991	1990
ASSETS		
Current assets:		
Cash	$1,098,320	$1,362,302
Accounts receivable	49,656	56,708
Supplies inventory, at cost	6,377	6,649
Prepaid expenses	4,484	---
Total current assets	$1,158,837	$1,425,659
Fixed assets:		
Equipment, at cost	112,899	56,378
Total assets	$1,271,736	$1,482,037
LIABILITIES AND EQUITY		
Current liabilities:		
Accounts payable	$ 31,722	$ 46,752
Accrued vacation pay	56,074	48,875
Deferred revenue	---	47,600
Advances repayable (Note 3)	1,041,312	1,261,688
Total liabilities	1,129,108	1,404,915
Equity:		
Surplus (Statement 2)	29,729	20,744
Equity in fixed assets	112,899	56,378
Total Equity	142,628	77,122
	$1,271,736	$1,482,037

(See accompanying notes to the financial statements)

Statement 2

WHITESPRUCE YOUTH TREATMENT CENTRE

STATEMENT OF REVENUE, EXPENDITURE AND OPERATING SURPLUS

Year Ended March 31

	1991	1990
Revenue:		
Grant - Saskatchewan Alcohol and Drug Abuse Commission	$2,587,815	$2,721,391
- Department of Education	144,948	102,400
Services to out of province residents	141,200	92,028
Interest	212,531	115,090
Meals	13,271	12,007
Other revenue	13,276	15,127
Total revenue	3,113,041	3,058,043
Expenditure:		
Building and property rental (Note 4)	947,928	1,082,305
Salaries and fringe benefits	1,513,628	1,348,839
Consultants	13,716	32,519
Education contract, salary & other	120,052	101,123
Board honoraria and expenses	14,076	16,920
Travel	33,815	41,622
Administration and office supplies	148,052	115,495
Telephone	65,993	70,370
Recreational & medical supplies	46,573	42,513
Food	114,771	108,865
Residential expenses	17,048	23,242
Cafeteria supplies	11,882	12,284
Equipment purchases	56,522	54,296
Total expenditure	3,104,056	3,050,393
Excess of revenue over expenditure	8,985	7,650
Operating surplus, beginning of year	20,744	13,094
Surplus, end of year (Statement 1)	$ 29,729	$ 20,744

(See accompanying notes to the financial statements)

Statement 3

WHITESPRUCE YOUTH TREATMENT CENTRE

STATEMENT OF CHANGES IN FINANCIAL POSITION

Year Ended March 31

	1991	1990
Cash provided by operating activities		
Excess of revenue over expenditure	$ 8,985	$ 7,650
Net change in non-cash working capital balances related to operations*	(52,591)	6,460
Cash (used) provided by operating activities	(43,606)	14,110
Cash (used) provided by:		
Advances repayable (Note 3)	(220,376)	1,202,780
Net (decrease) increase in cash during the year	(263,982)	1,216,890
Cash at beginning of year	1,362,302	145,412
Cash at end of year	$1,098,320	$1,362,302
* Accounts receivable	$ 7,052	$ (55,711)
Supplies inventory	272	(3,356)
Prepaid expenses	(4,484)	---
Accounts payable	(15,030)	6,052
Accrued vacation pay	7,199	11,875
Deferred revenue	(47,600)	47,600
	$ (52,591)	$ 6,460

(See accompanying notes to the financial statements)

WHITESPRUCE YOUTH TREATMENT CENTRE

NOTES TO THE FINANCIAL STATEMENTS

March 31, 1991

1. Authority

The Board of Governors, Whitespruce Youth Treatment Centre was established by Order-in-Council 106/87 on February 10, 1987, pursuant to Section 86 of The Public Health Act. The primary purpose of the Board is to operate a youth treatment centre for drug and alcohol addiction.

2. Significant Accounting Policies

a) Basis of Accounting

The accounts of the Centre are maintained on the accrual basis of accounting.

b) Fixed Assets and Equity in Fixed Assets

Expenditures for fixed assets appear in the statement of revenue, expenditure and operating surplus. To maintain accountability, fixed assets are recorded in the balance sheet as assets with a corresponding entry to "Equity in Fixed Assets". Because fixed asset purchases are included in the statement of revenue, expenditure and operating surplus, no provision has been made for depreciation of the fixed assets.

At the time of disposal or retirement, proceeds are recorded as revenue and the costs of assets disposed or retired are removed from the fixed asset accounts. A corresponding amount is removed from "Equity in Fixed Assets".

c) Revenue

Advances are received from the Saskatchewan Alcohol and Drug Abuse Commission (SADAC) pursuant to an agreement between the Centre and SADAC. Amounts required to pay expenses and any amount allowed to be retained by the SADAC surplus retention policy are recorded as revenue and the balance is recorded as repayable to SADAC.

An agency funded by SADAC may annually retain a surplus from operations equal to the lesser of $10,000 or 5% of its previous year's budget. SADAC allows surplus accumulation to a maximum of $29,000 provided the amounts are transferred to approved reserve accounts.

Surplus at March 31, 1991 is comprised of:

Equipment and furnishings replacement reserve	$29,000
General reserve (donations)	729
	$29,729

3. Advances Repayable

Advances repayable represent funds received from the Saskatchewan Alcohol and Drug Abuse Commission in excess of expenses and surplus retention and are repayable in accordance with the Centre's accounting policy.

4. Occupancy Costs

The Centre has an Agreement of Occupancy with the Saskatchewan Property Management Corporation (SPMC). SPMC placed the facilities occupied by the Centre at the disposal of the Board of Governors in consideration of rentals which are adjusted annually. The agreement terminates November 30, 2004. Building and property rental of $947,928 was paid under the agreement in 1991. ($1,082,305 in 1990)

5. Related Party Transactions

Related parties to Whitespruce Youth Treatment Centre are Saskatchewan's Crown controlled departments, agencies and corporations. Transactions with these parties are recorded at normal market prices except as described herein.

6. Comparative Figures

Certain 1990 figures have been reclassified to conform to the presentation adopted in the current year.